

SCHOOL OF PHARMACY

UNIVERSITY *of* WASHINGTON

ADVANCED PHARMACY PRACTICE EXPERIENCE GUIDE

2017-2018 ACADEMIC YEAR

COURSEMASTER

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GENERAL PROGRAM INFORMATION

Introduction

This guide contains information specifically about our **Advanced Pharmacy Practice Experience (APPE)** program, which are the experiences that occur in the last professional year of the curriculum. Through APPEs, students obtain 1,200 of the 1,500 hours needed for pharmacist licensure in the state of Washington.

This guide contains several sections. The introduction covers basic information regarding the rotation schedule, the curriculum, and APPE pre-requisites. There is a chapter on policies and guidelines, a chapter on APPE requirements and assignments, a chapter with tips for learning and teaching, and a chapter regarding giving feedback. We have also included a chapter about what to do if things go wrong (we hope you won't have to read this chapter!), a chapter covering teaching tips, and a resources section for students and for preceptors

As always, if you have concerns, call or e-mail your questions to the following people:

Forms and records, deadlines, schedules, evaluations, grade submission, affiliation agreements, general questions: E-mail: appemgr@uw.edu Phone: 206-685-8738	Curtis Jefferson, MS Director of Operations for Experiential Education & Assessment
Compliance and onboarding requirements: E-mail: pharmdee@uw.edu Phone: 206-616-8703	Thomas Kaghan, BA Experiential Education Assistant
Patient care concerns, professional behavior, things going wrong, things you really love and just want to tell: E-mail: terrio@uw.edu Phone: 206-543-3324	Teresa O'Sullivan, PharmD, BCPS Director of Experiential Education, Advanced Practice
Database, web access problems, suggestions for new features on web site: E-mail: weberst@uw.edu Phone: 206-616-8762	Stanley S. Weber, PharmD, BCPP, FASHP Associate Dean, Chief Assessment Officer
Student questions regarding graduation and letters of good standing: E-mail: cherelyn@uw.edu Phone: 206-616-2916	Cher Espina Director of Admissions

We hope this year is fulfilling, creative, and educational for everyone.

2017–2018 Rotation Schedule

July 3–28, 2017 (this block not available to most students)

August 7–September 1

September 4–29

October 2–27

November 6–December 1

December 4–29

January 1–26, 2018

February 5–March 2

March 5–30

April 2–27

May 7–June 1

June 4–29

A few students may be assigned to rotations of six-week duration. This can happen when a student is assigned to an experience in a region that hosts students from other schools whose rotations are also six weeks in length.

6-week blocks

Block 2: June 26–August 4

Block 3: August 7–September 15

Block 4: September 18–October 27

Block 5: October 30–December 8

Block 6: December 25–February 2, 2018

Block 7: February 5–March 16

Block 8: March 19–April 27

Important Websites

Student Portal (submit assignments, view rotation schedule):

<http://oppe.pharmacy.washington.edu/PracticumSite/SiteHome.lasso>

Preceptor Portal (view scheduled students, submit evaluations):

<http://oppe.pharmacy.washington.edu/PreceptorSite/PrecepHome.lasso>

Experiential Education website (general information about our experiential programs):

<http://sop.washington.edu/pharmd/experiential-education/>

PharmD Program		Class of 2018		UW School of Pharmacy	
FIRST PROFESSIONAL YEAR					
Autumn Quarter 2014					
CONJ 401 Human Anatomy/Physiology	4	CONJ 402 Human Anatomy/Physiology	4	CONJ 403 Human Anatomy/Physiology	4
PCEUT 531 Pharmaceutical Formulation	4	MEDCH 570 Medicinal Biochemistry	4	MEDCH 561 Imm and Antimic Agents	4
PHARM 500 Profession of Pharmacy	1	PCEUT 532 Clinical Pharmacokinetics	4	PCEUT 533 Biopharm and DD	3
PHARM 584 Pharmacy Practice I	3	PHARM 585 Pharmacy Practice II	3	PHARM 586 Pharmacy Practice III	3
PHARM 558 Pharmacotherapeutics I	3	PharmP 511 IPPE	1	PharmP 512 IPPE*	1
ELECTIVES	3	ELECTIVES	1	ELECTIVES	2
Total	18	Total	17	Total	17
MEDCH 400 is required for students who do not pass the MedCh qualifying exam.					
SECOND PROFESSIONAL YEAR					
Autumn Quarter 2015					
MEDCH 562 Medicinal Chemistry	3	MEDCH 563 Medicinal Chemistry	3	MEDCH 564 Medicinal Chemistry	3
PHCOL 401 General Pharmacology	3	PHCOL 402 General Pharmacology	3	PHARM 557 Pharmacotherapeutics II	3
PHARM 543a Pharm Law/Ethics	2	PHARM 509 Med Lit Eval	1	PHARM 559 Pharmacotherapeutics III	4
PHARM 539 Princ Pharm Management	3	PHARM 543b Pharm Law/Ethics	3	PHARM 563 Applied Ptherapeutics I	2
PHARM 537 Chem Depend Conc	2	PHARM 593 Pharmacy Practice V	3	PHARM 594 Pharmacy Practice VI	2
PHARM 592 Pharm Practice IV	3	PharmP 514 IPPE	2	PharmP 531 IPPE*	1
PharmP 513 IPPE	1	ELECTIVES	2	ELECTIVES	2
ELECTIVES	0				
Total	17	Total	17	Total	17
THIRD PROFESSIONAL YEAR					
Autumn Quarter 2016					
PHARM 560 Pharmacotherapeutics IV	6	PHARM 541 Pharm Health & Society	3	PCEUT 510 Drug Interactions	3
PHARM 564 Applied Ptherapeutics II	2	PHARM 561 Pharmacotherapeutics V	7	PHARM 562 Pharmacotherapeutics VI	6
PharmP 522a IPE Foundations II	(0-)	PHARM 565 Applied Ptherapeutics III	2	PharmP 522c IPE Foundations II	1
PharmP 532 IPPE	1	PharmP 522b IPE Foundations II	(0-)	PharmP 541 IPPE Clinical Skills	1
ELECTIVES	8	PharmP 533 IPPE	1	ELECTIVES	7
Total	17	Total	16	Total	18
FOURTH PROFESSIONAL YEAR					
Fourth-year students must complete 54 credits of Advanced Pharmacy Practice Experiences (APPEs) as specified in the APPE syllabus.					

Pre-APPE Experiential Curriculum

Introductory Pharmacy Practice Experiences (IPPEs)

The experiential curriculum at the University of Washington contains three IPPE series:

- *Introductory Community Practice Experience.* This experience must be completed prior to the end of autumn quarter of the student's second year of the program. It involves documentation of competency in basic pharmacy practice skills such as dispensing tasks, patient counseling (prescription and OTC), pharmacy calculations, and professional behavior and attitude.
- *Introductory Inpatient Practice Experience.* This experience must be completed prior to the end of autumn quarter of the student's third year of the program. It involves an introduction to the patient care activities done by pharmacists in the inpatient environment as well as tasks involved in distribution of medication products. This experience also introduces students to the process of measuring and improving quality.
- *Introductory Clinical Practice Experience.* This experience prepares students for their APPE year by requiring each student to complete a patient task-prioritization exercise, the Pharmacy Curriculum Outcome Assessment, an APPE skills exam ("gateway" exam), and APPE orientation.

APPE Pre-requisites

Before students begin advanced practice experiences there are a number of requirements that must be completed. Students will *not* be able to begin advanced practice experiences until these requirements are met.

Students may be asked to submit part or all this documentation to the site or preceptor a month or more prior to the start of a rotation. The site may also have additional requirements and forms that will need to be signed. Students should be sure to ask when making first contact *at least one month* before the beginning of the rotation.

Students will need to have (check off when complete):

- A current **Washington state intern registration**. A copy of this will need to be given to each site for posting during the student's APPW. Students will need to apply for an intern license/registration for any out-of-state sites, if the State Board of that state requires intern licensure or registration. *Experiential Education requires a copy of any out-of-state licenses/registrations needed for APPEs.*
- An electronic copy of the HIPAA training completion certificate.
- A copy of the student's background check.
- An electronic copy of the Individual Immunization Summary from *myshots@uw.edu* showing that the student is current through the last day of APPEs. Students will need to request a new copy after updating TB screening at the end of spring quarter and receipt of the influenza vaccine in autumn quarter.
- A copy of first aid and CPR certification at the healthcare provider level.
- A copy of the WSPA immunization certification, obtained from the WSPA office.
- An electronic certification of training in infection control and bloodborne pathogens.
- An updated resume online (this will be reviewed by Experiential Education prior to APPEs).
- Successfully completed community and hospital IPPEs and PHARMP 541.
- Passed all Therapeutics classes with a minimum grade of 1.7 in any individual class and minimum 2.0 average overall and passed all Therapeutics Skills classes with a minimum average grade of 2.0.
- Agreed to abide by the Guidelines for Professional Conduct and acknowledged understanding of the infection control policy, indemnification policy, and health insurance policy.

- Signed the International Health Training and Education Program Contract if completing APPEs outside the US. Students will need to register their travel with the Office of Global Affairs and purchase required travel insurance.
- Signed the Selective APPE Agreement if scheduled for an APPE at a national organization or government agency.

The APPE Curriculum

Students must successfully complete a total of 1,440 hours of experiential learning during the fourth year. Most will fulfill this requirement during nine full-time, 40+ hours/week, 4-week learning blocks, but learning blocks can flex in areas where other students are scheduled for 6-week experiences.

Experiential learning means that students learn at a practice site, rather than in a classroom. Although students will acquire new knowledge during the APPE year, more importantly they will be restructuring and strengthening their cognitive framework so that previously learned information is more easily retrieved and now has the context of clinical application. The goal of each APPE is for students to emerge with a greater breadth and depth of knowledge, skills, and confidence than at the beginning of the learning experience.

There are four core learning experiences that all students must complete:

- One APPE (PHARMP 571 or PHARMP 581) must be an acute care inpatient experience (most commonly general medicine).
- One APPE (PHARMP 572 or PHARMP 582) must occur in a health system setting. We interpret this as a second inpatient care experience (most commonly in a specialty service).
- One APPE (PHARMP 573 or PHARMP 583) must be in a clinic setting.
- One APPE (PHARMP 574 or PHARMP 584) must be in a community pharmacy setting.

These required advanced pharmacy practice experiences must be conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands).

Further information on core and elective APPEs:

- At least five months of learning experiences must involve direct patient care. **Direct patient care means that students are interacting one-on-one with patients on most days of the experience.** The interaction can be in person or remote (e.g., over the phone). In addition to the four core experiences, students may complete PHARMP 575 or PHARMP 585 (Patient Care APPE) or PHARMP 577 or PHARMP 587 (Senior Care APPE) to satisfy the direct patient care requirement.
- Students obtaining the Geriatric Certificate will need to complete a Senior Care APPE (PHARMP 577 or PHARMP 587).
- Up to four months of APPEs can involve learning outside the patient care setting (e.g., industry, pharmacy management, drug information, pharmacy education, and health policy development). PHARMP 576 and 586 are non-patient care elective experiences.
- Students needing fewer than 6 credits of elective coursework can be registered for PHARMP 578, a variable-credit course. In general, University guidelines require twenty-five to thirty hours of experiential learning for each credit of practice experience for which a student is enrolled. PHARMP 578 can be completed in either a patient care or non-patient care setting.

Within these guidelines, students are free to design their experiential learning as their interests and site availability dictate.

Preceptors will assess student performance, but the Director of APPE will assign the grade, considering the preceptor's assessment and, where appropriate, the student's response to that assessment.

APPE Course-Specific Learning Goals and Objectives

Core Learning Experiences:

PHARMP 571/581: Advanced Pharmacy Practice Experience in Inpatient/Acute Care General Medicine

The student's learning goal for this experience is to develop the essential skills necessary to provide care to patients with a variety of medical conditions typically seen in the inpatient setting.

Learning objectives:

1. Demonstrate appropriate depth and breadth of pharmacotherapeutic and disease-related knowledge for a variety of common conditions seen in adult acute care patients.
2. Optimize patient-specific outcomes for acute care patients using the Pharmacists' Patient Care Process in collaboration with other healthcare providers.
3. Accurately prioritize multiple patient care responsibilities/needs in times of high activity and workload.
4. For commonly used drugs that rely on serum concentrations for dosing, apply pharmacokinetic dosing principles to determine a reasonable dose for a patient.
5. Actively contribute to and share accountability for patient care decisions with other members of the healthcare team.
6. Apply evidence-based medicine practices to demonstrate knowledge of information applicable to acute care medicine.
7. Document patient care activities clearly and concisely to reflect use of the Pharmacists' Patient Care Process in the patient's health record.
8. Effectively educate individual patients (and their caregivers) and members of the healthcare team members about topics relevant to pharmacy practice.
9. Using institutional procedures, facilitate continuity of care for patients transitioning across health care settings.

PHARMP 572/582: Advanced Pharmacy Practice Experience in Hospital or Health-System Pharmacy

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care for conditions specific to an assigned service in the inpatient care setting.

Learning objectives:

1. Demonstrate the ability to acquire appropriate pharmacotherapeutic and disease-related knowledge for care of patients in a specialty area.
2. Optimize patient-specific outcomes for acute care patients using the Pharmacists' Patient Care Process in collaboration with other healthcare providers.
3. Accurately prioritize multiple patient care responsibilities/needs in times of high activity and workload.
4. For commonly used drugs that rely on serum concentrations for dosing, apply pharmacokinetic dosing principles to determine a reasonable dose for a patient.

5. Actively contribute to and share accountability for patient care decisions with other members of the healthcare team.
6. Apply evidence-based medicine practices to demonstrate knowledge of information applicable to acute care medicine.
7. Document patient care activities clearly and concisely to reflect use of the Pharmacists' Patient Care Process in the patient's health record.
8. Effectively educate members of the healthcare team members about topics relevant to pharmacy practice.
9. Using institutional procedures, facilitate continuity of care for patients transitioning across health care settings.

PHARMP 573/583: Advanced Pharmacy Practice Experience in Ambulatory Care

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care to patients in the ambulatory care (clinic-based) care setting.

Learning objectives:

1. Demonstrate appropriate depth and breadth of pharmacotherapeutic and disease-related knowledge for common conditions in the ambulatory care clinic population.
2. Optimize patient-specific outcomes for acute care patients using the Pharmacists' Patient Care Process in collaboration with other healthcare providers.
3. Actively contribute to and share accountability for patient care decisions with other members of the healthcare team.
4. Apply evidence-based medicine practices to demonstrate knowledge of information applicable to ambulatory care practice.
5. Document patient care activities clearly and concisely to reflect use of the Pharmacists' Patient Care Process in the patient's health record.
6. Advocate for patient access to medications to optimize patient outcomes.
7. Perform patient-tailored medication education, adjusting communication styles and techniques in response to situational needs such as language, health literacy, cognitive impairment, and health care beliefs.
8. Use population-level data and quality metrics to develop strategies for improving health outcomes in the patient population served by the clinic.

PHARMP 574/584: Advanced Pharmacy Practice Experience in Community Pharmacy

The student's learning goal for this experience is to be competent to function independently at the level of a staff pharmacist in the community pharmacy setting.

Learning objectives:

1. Optimize patient-specific outcomes for acute care patients using the Pharmacists' Patient Care Process as it applies in the community pharmacy setting.
2. Proactively identify and resolve patient-specific barriers to medication adherence.
3. Assist patients with their self-care and medication self-administration, including making recommendations regarding prescription and OTC medications and non-drug therapies.
4. Triage and refer patients appropriately to other healthcare providers and social service agencies.
5. Instruct patients on health and wellness strategies including provision of screening and education services when indicated.

6. Proactively perform patient-tailored counseling and medication education using the most current and relevant information, adjusting communication styles and techniques in response to situational needs such as language, health literacy, cognitive impairment, and health care beliefs.
7. Effectively supervise the dispensing process, guiding task prioritization, correctly performing prospective drug utilization review, assisting in resolution of insurance issues, and verifying the final product.
8. Demonstrate the role of a pharmacist in managing legal, human, financial, technological, and/or physical resources needed for daily pharmacy operations.
9. Use continuous quality improvement techniques to optimize the medication use process.

Elective Learning Experiences

PHARMP 575/585: Advanced Pharmacy Practice Experience in Patient Care

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care in the assigned care setting.

Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.
3. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
4. Formulate, implement, evaluate, and revise patient care plans.
5. When needed, prepare and distribute medical products as part of the patient's care plan.
6. Demonstrate professional conduct and demeanor that is ethical and responsible, displaying integrity, compassion, empathy, and respect.

PHARMP 576/586: Advanced Pharmacy Practice Experience in Non-Patient Care Setting

The student's learning goal for this experience is to distinguish the role of a pharmacist in a non-patient care setting.

Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature when necessary in this work setting.
2. Establish professional relationships with other members of the work team.
3. Communicate and collaborate verbally and in writing with others in this work setting.
4. Manage projects, personnel, product distribution, or other systems to meet professional standards.
5. Demonstrate professional conduct and demeanor that is ethical and responsible, displaying integrity, compassion, empathy, and respect.

PHARMP 577/587: Advanced Pharmacy Practice Experience in Senior Care

The student's learning goal for this experience is to develop the essential skills necessary to provide patient-specific care for conditions specific to patients in the senior or geriatric care setting.

Learning objectives:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.
3. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
4. Formulate, implement, evaluate, and revise patient care plans.
5. Demonstrate professional conduct and demeanor that is ethical and responsible, displaying integrity, compassion, empathy, and respect.

PHARMP 578: Advanced Pharmacy Practice Experience Elective

The student's learning goal for this experience may involve patient care or learning in a non-patient care setting. Generally, one or more of the following objectives will be met:

1. Retrieve, analyze, and interpret the scientific, professional, and lay literature to support patient care.
2. Establish professional relationships with patients, caregivers, prescribers, and other members of the interprofessional health care team.
3. Communicate and collaborate verbally and in writing with patients, caregivers, health care providers, and others to improve patient care.
4. Formulate, implement, evaluate, and revise patient care plans.
5. Demonstrate professional conduct and demeanor that is ethical and responsible, displaying integrity, compassion, empathy, and respect.

POLICIES, GUIDELINES & FORMS



Student Guidelines for Professional Conduct

Adherence to these guidelines will be a consideration in student grade determination. Students must:

- Communicate effectively and professionally. This means:
 - Maintaining an active UW e-mail account and checking e-mail daily. Students should save important school-generated emails to a special APPE email folder.
 - Taking the initiative in communicating with physicians, patients, and other health professionals once given permission by the preceptor. Students should expect to gain experience in making professional decisions with the preceptor encouraging greater autonomy as acceptable problem-solving skills are demonstrated.
 - Behaving with respect and courtesy toward the preceptor, all other pharmacists and pharmacy staff, technicians, interns, patients and their families, and medical and nursing staff.
 - Referencing all information sources in handouts and other written work. Plagiarism is the unacknowledged use of someone else's work and is considered academic dishonesty. Information obtained from specific sources should be paraphrased and referenced using an acceptable reference style. Some assignments may require use of quoted material; all quoted information must be enclosed by quotation marks and the source of the quote identified in the reference list.
- Honor schedule commitments. This means:
 - Contacting the preceptor in an adequate amount of time before the start of the experience to ensure that information technology access deadlines are met.
 - Adhering to the rotation schedule agreed upon with the preceptor at the beginning of the APPE. On the first day of a rotation students should create a calendar with assignment names, project due dates, service locations and preceptors for specific days, any holidays, *preceptor-approved* personal time requests, and similar important schedule-related information. ***Preceptors have the final decision on holiday and personal time requests by their students.***
 - Arriving at the rotation site when expected or earlier than expected. The student must notify the preceptor if a late arrival to the site is anticipated. Tardiness more than twice during the APPE will likely adversely affect the preceptor's assessment of student performance.
 - Staying at the site until the student's tasks are done and the student has the permission of the preceptor to leave. Leaving early from an APPE will likely adversely affect the preceptor's assessment of student performance.
 - Not scheduling events that require time away from the site during the APPE. Students wishing to attend a professional meeting or traveling for residency interviews should not expect their preceptor to grant them leave time from the APPE.
 - Notifying the preceptor as soon as possible if potentially contagious illness or another valid reason prevents attendance at the APPE. Neglect in addressing issues of timeliness and attendance could affect the preceptor's assessment of student performance and result in a grade of **no credit**. The student will have to complete an additional rotation in a similar area. This could lead to a delay in graduation and/or extra tuition expenses.

- Planning and committing to the rotation/site schedule set up at the beginning of the APPE year. However, **one** site change request by the student will be considered during the year. The student must make this request online, at least four (4) weeks prior to the first day of the APPE being changed. Instructions are on the experiential education webpage. Experiential Education will review requests and approve them on a case-by-case basis. **Note:** Schedule changes initiated by the site do not count toward student-initiated site change request limit.
- Be responsible for learning at the site. This means:
 - Actively participating in pharmacy practice during the rotation and seeking guidance from the preceptor, other pharmacy staff, other health professionals, and, when needed, from the APPE Director.
 - Taking responsibility for learning gained at the site. Pharmacy preceptors volunteer valuable work time to facilitate pharmacy student learning, but the preceptor's first duty is to patients and the work site. **Students should not expect their preceptors to be available at all times.**
- Maintain confidentiality. This means:
 - Communicating patient-specific confidential information only to any individuals on the healthcare team. All students must complete all required HIPAA training requested by any site.

The HIPAA regulations, Title 45 CFR § 164.514, specifically state that **all names, geographic subdivisions smaller than a state, dates (birth, death, admission, discharge), medical record numbers, phone/fax numbers, and e-mail addresses must be de-identified.** Additionally, **no other dates, patient initials, names of health care sites, names of other health care professionals providing care to the patient, or any other such identifying information should be on any written material leaving the care setting, e.g., documentation notes, case presentations.** Students must remove all the above identifying information before submitting patient care notes and when presenting patient information to individuals outside the care team. Students can only view confidential information about patients to whom they are directly providing care—this includes not viewing one's own medical record without making an official request as a patient to the healthcare system. *Failure to follow these regulations can result in dismissal from the APPE and no credit for the course. It may also be considered reckless behavior, which could result in refusal of the University to represent the student in the event of a lawsuit.*

- Not communicating proprietary information about site policies and procedures, customers, fee structures, billing information, or any other such information to any individual outside of the site.
- Reporting business practices that may be fraudulent, illegal, or unethical to the appropriate regulatory agency. Student in such situations are encouraged to discuss their concerns with the APPE Director.
- Sharing concerns or grievances only with the individual involved in as private a setting as possible, or with the Director of APPE or Director of Experiential Education Operations. Students and preceptors must not discuss concerns or grievances with any other students, pharmacy staff, other preceptors, patients, or other health care personnel.

- Behave professionally. This means:
 - Not discussing behavior of other students, healthcare professionals, patients, or staff.
 - Displaying enthusiasm for the learning experience, respect toward the people who work at each site, and gratitude for the learning opportunity.
 - Taking responsibility for the quality of assigned tasks and projects.
 - Exhibiting professional appearance both in manner and dress. Business casual (implies ties for guys) is the norm for the first day. After that, follow the standards of dress and behavior specified by the site.
 - Arriving at each site with embroidered lab coat (unless directed not to) and appropriate learning materials.
 - Submitting all required evidence of learning on or prior to given deadlines (see below).
- Follow the policies and procedures of the site and regulatory agencies. This means:
 - Posting a copy of the intern registration at the APPE site on the first day of the experience, as required by law. Students must obtain an intern registration or license for every state in which they are scheduled to do a rotation, if that state requires such licensure. Students must also adhere to federal regulations and the laws of the state in which they are doing their APPE.
 - Meeting all site requirements for onboarding. Some sites will require a urine drug screen in addition to other requirements.

In addition, students should:

- Have a plan for personal health care/protection
 - It is strongly recommended that each PharmD student acquire comprehensive health and accident insurance that will provide continuous coverage while participating in the rotation program. Prior to the start of APPEs the student will need to sign the standard insurance waiver indicating that the individual student assumes responsibility for his or her own health needs, health care costs, and health insurance coverage.
 - Students planning out-of-the-country experiences will need to sign the International Health Training and Education Program Contract, copies of which are available from the Assistant Director for Experiential Education. They will also need to visit the UW Travel Medicine Clinic for pre-travel advice and information.
 - Students must know and practice appropriate risk management and infection control techniques. If any incident occurs which might entail risk for student, patient or site, students should seek treatment immediately and then contact Experiential Education. Students should *not* sign any forms, unless instructed to do so by the Risk Management Office of the University.
- Contact the Director of Operations or Director of APPE with any concerns about a site or preceptor
 - Contact should be made in a timely manner if students want assistance in resolving questions or problems. If there is a problem, it is important for the preceptor to submit a midpoint performance assessment.
- Understand grading policies and procedures
 - Grades are credit/no credit except for PHARMP 577 & PHARMP 587, which are numerically graded.
 - No grade will be awarded until all required paperwork is submitted.
 - The preceptor provides an assessment of student performance to the APPE coursemaster. The APPE coursemaster assigns the grade.

- A student who feels that an assessment by a preceptor is arbitrary or capricious should contact the coursemaster and provide the student's perceptions of performance in the form of a written response to the preceptor's assessment. The coursemaster will take this information into account when assigning the grade.
- If a student receives a grade of "no credit" for an APPE, the student may need to stop scheduled APPEs and repeat the same course at a different site.
- All APPEs use the same course prefix of PHARMP. Although the numbers vary to designate the practice experience, all APPEs are considered the same course. According to School of Pharmacy faculty-approved policy, a student who fails the same course twice will be dismissed from the program. Therefore, a student who receives a grade of "no credit" in more than one APPE, regardless of course number designation, will be dismissed from the Doctor of Pharmacy degree program.

Student Guidelines for Infection Control and Exposure Management

http://oppe.pharmacy.washington.edu/PracticumSite/forms/Student_Guidelines_for_Infection_Control.pdf

Students are expected to be familiar with and adhere to the guidelines and procedures for preventing and managing exposure to infectious diseases.

University of Washington Indemnification Policy

http://oppe.pharmacy.washington.edu/PracticumSite/forms/Indemnification_Policy.pdf

Students are expected to be familiar with and adhere to this policy regarding University protection for expenses, settlements, damages, or claims regarding actions of students that cause patient harm or may result in legal action.

University of Washington Sexual Harassment Guidelines

http://oppe.pharmacy.washington.edu/PracticumSite/forms/Sexual_Harassment_Guidelines.pdf

Students are expected to be familiar with and adhere to the guidelines regarding sexual harassment.

School of Pharmacy Care Definition, Practice Foundations, and Ability-Based Outcomes

http://oppe.pharmacy.washington.edu/PracticumSite/forms/UW_ABOs_Public.pdf

Ability-Based Outcomes (ABOs) are the final or terminal competency statements that are the objective of our entire professional degree curriculum. They are the desired endpoints or achievements of the activity. All course work in the PharmD degree program is intended to prepare the student for mastery of one of these terminal ABOs.

Evaluation of Student Presentation

http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Presentation_Eval_Form.pdf

This evaluation rubric is provided as a tool for preceptors to give feedback to APPE students regarding seminar presentations/in-services they give during their rotations. A copy is not required to be sent to Experiential Education.

Mid-APPE Performance Assessment Form

http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Mid_Eval_Form.pdf

This link to a pdf of the mid-APPE performance assessment is provided as a reference. All assessments should be submitted via the experiential education website.

Final APPE Performance Assessment Form

http://oppe.pharmacy.washington.edu/PracticumSite/forms/APPE_Final_Eval_Form.pdf

This link to a pdf of the final APPE performance assessment is provided as a reference. All assessments should be submitted via the experiential education website.

APPE REQUIREMENTS & ASSIGNMENTS



During this rotation year, students are required to:

- Write and submit a learning **goal and 3-5 learning objectives** for every APPE.
- Provide quality care to every assigned patient. Students will need to submit two **patient care notes**, in the form of a SOAP note, as evidence of their ability to provide care for two different patients during every direct patient care experience. For example, if students do nine direct patient care APPEs, they will submit 18 patient care notes online.
- Verbally present patients to preceptor(s). Submit one full formal patient work-up (**long case**).
- Present **two oral seminars**, each at least twenty minutes in length, accompanied by professionally formatted handouts for the audience.
- Prepare a **written project** where they evaluate and reference primary literature.
- Certify that they have performed core assessment skills by submitting a **therapeutic skills log** of what they did and found.
- Describe and analyze a **legal or ethical situation** encountered during the year.
- Have preceptors submit **midpoint and final performance assessments** for each APPE.
- Complete a **site and preceptor performance assessment** for every APPE.
- Complete an **exit survey** that provides feedback on your experiences in the program.

These requirements are outlined in greater detail below.

Goal and Objectives

Students are required to write a learning goal and objectives for each rotation to facilitate and direct their learning on the rotation. These should be reviewed with the preceptor on the first day of the rotation, submitted on the Experiential Education website, and revised as needed during the experience. (See Chapter 4 for more information.)

Students will submit a goal and objectives online for each rotation.

Provide Quality Care to Patients

A majority of students' experiences this year should involve problem detection and solving for the patients at APPE sites. Students should use the Pharmacists' Patient Care Process for working up patients.

Students will submit two SOAP notes online for each patient-care rotation.

Give Informal and Formal Patient Presentations

For each patient care rotation, students should expect to verbally outline for their preceptor subjective and objective information about their assigned patients and outline their assessment and proposed plan. This informal patient presentation should be part of the daily student-preceptor interaction.

Additionally, students may also be asked to give a longer, more formal patient presentation in front of a group of people.

Students will submit to the database at one time during the year, one of their formal patient work-ups (long case).

Prepare and Present at Least Two Twenty-minute Oral Seminars

In addition to the informal and formal patient presentations students give during each of their patient care rotations, they are also required to present at least two different twenty-minute or longer seminars to an audience of two or more people during the clerkship year. The oral seminars are not the same as formal patient presentations. One of these seminars must cover a therapeutic topic. At these seminars, the student will distribute a neatly word-processed handout for attendees and preferably will use other visual aids such as overheads or slides in the presentation.

These handouts are to be submitted online by the student as evidence of fulfillment of the two seminar requirements.

Complete a Writing Project

During the year, students are required to create a substantial written document that involves evaluation of the primary literature. The paper must:

- be at least five pages in length.
- exhibit excellent technical writing skills.
- include analysis of data obtained from a minimum of three pieces of the primary literature.
- have all appropriate information cited.
- contain a reference list written using the National Library of Medicine (NLM) format.

The project must be submitted online by the student as evidence of fulfillment of the written project requirement.

This project can be conducted during an APPE, through a student's work site (but must be done on non-paid time), or through a non-APPE activity. This project can be started and even completed prior to the APPE year. Questions regarding the acceptability of a potential written project should be directed to the Director of Operations.

Suggestions for a written project include:

- Create a collaborative drug therapy agreement that did not previously exist and was not primarily created using a template written by another individual.
- Compose a written response to a drug information question.
- Prepare a pharmacy and therapeutics (P&T) monograph.
- Conduct and write a research project examining some aspect of quality. Examples include a drug use evaluation, medication safety analysis, or workflow analysis.
- Formulate a set of institution-specific clinical practice guidelines.
- Generate a detailed handout for a substantial oral presentation (cannot be for one of the twenty-minutes seminar).
- Write a business plan. This can be done in partnership with another student, but each individual student must write at least five pages of material and cite at least three pieces of primary literature in the document.

Certify Practice of Core Patient Assessment Skills (Therapeutic Skills Log)

Because most students have not had many opportunities in Therapeutics Skills coursework to assess a real patient with a medical condition, we want to be sure that they have this chance in their APPE year. To this end, students must perform the following during their APPE year and record the skill online in the Therapeutic Skills Log:

- Auscultate a pair of abnormal lungs
- Auscultate an abnormal heart
- Inspect a skin lesion or rash
- Assess level of acute or chronic pain control

In addition, each student will need to complete at least six of the following:

- Assess a minor wound
- Inspect at least one patient with a swollen joint
- Assess at least one patient with an abdominal complaint
- Assess peripheral edema
- Assess the inhaler technique, triggers, frequency of medication use, and understanding of disease state for at least one patient with asthma
- Assess adherence in a patient older than 75 years of age
- Perform a diabetic foot examination
- Assess adherence in a patient younger than 14 years of age
- Assess symptoms of a patient receiving a medication for a mood disorder
- Screen for osteoporosis
- Assess symptoms of an infection (e.g., upper respiratory tract) to determine whether patient should continue self-care or seek care from the patient's primary care provider

Although obtaining vital signs (HR, BP, temp, RR, height, weight, age, smoking status) are not listed here, we assume students will perform these minimal assessment skills on all patients for whom they provide care and will ask preceptors to evaluate students' ability to perform these skills.

Submit Performance Assessments

Mid-rotation Assessment (Preceptor)

Halfway through each APPE, preceptors are required to submit a midpoint assessment in which they can state whether the student is making reasonable progress in learning, communication, and behavioral skills. If the student is making only marginal or even unsatisfactory progress in the rotation, preceptors should be sure to state exactly what the student needs to do to pass the rotation. By doing this, preceptors can be assured that the student is made aware and given enough time to fulfill the rotation requirements satisfactorily.

Final Student Performance Assessment (Preceptor)

At the end of the learning experience at a site, students should ask the preceptor for a meeting to evaluate his/her progress toward the learning goals established in the first week of the rotation. We recommend that preceptors enter the final assessment online with the student present or review the completed assessment with the student.

Completing the assessment online allows the preceptor to easily access the student's Goal and Objectives while completing a streamlined Final Evaluation. Our system allows preceptors to

immediately receive electronic confirmation that we've received the form. If a site has limited Internet capacity, please let us know and we can provide a paper copy of the form for preceptor use.

To complete student assessments online, preceptors need two pieces of information. One is the site PIN. This lets preceptors view information specific to their site: site description and contact information, which student is assigned for which rotation, etc. The site PIN is in the heading of the letter of instruction and schedule that is sent to all sites in the spring. Preceptors also need their preceptor PIN, which they will receive by separate e-mail. We encourage preceptors to change this number to any other that they can remember. If there are any problems with online entry, e-mail appemgr@uw.edu.

Experiential Education should receive final assessments no later than five working days after the end of a rotation. Students will be expected to follow up with their preceptor if the evaluation is not received by this date.

Site and Preceptor Performance Assessments (Student)

Students are required to assess every preceptor and site using the online form. Students should enter their site assessment during the final week, just before the rotation ends. The preceptor cannot see these until after the end of the academic year.

Exit Survey

One of a students' responsibilities as a graduating professional is to thoughtfully and critically evaluate the educational program they participated in at the UW School of Pharmacy. Students are required to complete the School's Exit Survey not only as a means of providing feedback to the school to assess and improve the program but also as an opportunity to reflect on their experiences. Students will receive information on how to complete the exit survey from the Associate Dean for Assessment & Accreditation via e-mail.

Deadlines

Students are responsible for submitting completed APPE work on time. Work is to be submitted electronically via the APPE website. Formatting requirements for word-processed documents include one-inch margins with text in 10- or 12-point font.

Description of rotation requirements	Student Completes and Date Due	Preceptor Completes and Date Due
Goal and objectives <i>(required online)</i>	Students submit online before the end of the first week of rotation and update as needed during the experience.	
Midpoint performance assessment <i>(required online)</i>		Preceptor submits no later than the end of the first half of the APPE
Final performance assessment <i>(required online)</i>		Preceptor submits, preferably online in conjunction with final conference with student, on the last day of rotation, but no later than five working days after the end of rotation (except March)
Site/preceptor assessment <i>(required online)</i>	Students submit online just before completion of APPE	
Evidence of ability to provide patient care (2 patient notes) <i>(required online)</i>	Students submit two online by the end of every direct patient care rotation	
First oral seminar <i>(required online)</i>	Students submit online seminar handout no later than 1/1/2018	
Therapeutic skills log <i>(required online)</i>	Students submit online no later than 3/1/2018	
Written project <i>(required online)</i>	Students submit online no later than 3/1/2018	
Long case <i>(required online)</i>	Students submit online no later than 3/1/2018	
Second oral seminar <i>(required online)</i>	Students submit seminar handout online no later than 3/1/2018	
Exit Survey <i>(required online; link sent via e-mail closer to graduation)</i>	Students complete the survey no later than: 3/23/2018 (March graduates) 6/8/2018 (June graduates)	

STUDENTS SHOULD ALWAYS RETAIN A COPY OF ALL THE FORMS THEY COMPLETE AND EVERYTHING THEY SUBMIT TO US FOR THEIR PERSONAL FILES.

If any part of the required documentation has not been submitted by the Friday a week after the final day of the monthly rotation, course credit will be delayed. If all material is still not received by the last day of the relevant quarter, a grade of "no credit" may be submitted for that experience.

TIPS FOR TEACHING & LEARNING



How to Write Learning Goals and Objectives

The goal and objectives for each of the advanced learning experiences serve as the primary criteria for student performance assessment. Some sites have predetermined learning objectives and some do not. Either way, it is up to students to tailor the learning objectives to meet their learning needs. The first day of the rotation (or before) is the appropriate time to decide upon learning objectives with the preceptor. Students should talk to their preceptor if they have a project they want to do. Don't wait until after the first day to bring it up!

The Goal Statement

The goal statement summarizes, in one sentence, the "big picture" of what a student hopes to learn during the rotation. Since the purpose of each rotation is to change and improve the way a student currently practices, the goal statement should summarize how the experience will help the student accomplish the change. Goal statements can use non-quantifiable verbs such as assist, care for, establish, provide, give, help, know, and understand.

The Learning Objectives

The objectives, unlike the goal, should be specific and measurable. Although each course number has associated learning objectives, students are not required to use only these learning objectives. Students can either add to or modify existing learning objectives so that they can tailor the experience to meet their learning needs.

General principles for writing learning objectives for an APPE experience:

- Aim for three to five measurable objectives, although one may end up with more if the scope of each objective is small.
- Each objective should include a performance (i.e., action) verb at the beginning of each learning objective to define how that skill will be measured. Each objective should also outline a performance level with an adverb or adjective. To assist in preparing the wording of learning objectives, we have included three taxonomies for learning objectives on the following pages. These include descriptions of the domains as well as verbs that correlate well with each domain. Use verbs from the higher learning levels (4, 5, and 6). Following is a list of adjectives and adverbs to help define the performance level.
- Students should not list learning activities as learning objectives unless the learning activity contains a measurable verb and specifies a performance level. Examples of learning activities that are not worded as learning objectives:
 - Attending rounds. (verb doesn't measure learning)
 - Watching an open-heart surgery. (verb doesn't measure learning)
 - Filling prescriptions. (verb doesn't measure learning)
 - Sharpening patient care skills. (verb doesn't measure learning and is too vague)

Revised Bloom's Taxonomy for Cognitive Learning Objectives

Adapted from: Anderson LW, Krathwohl DR, editors. *A taxonomy for learning, teaching, and assessing: a revision of Bloom's taxonomy of educational objectives*. New York: Addison, Wesley, Longman, Inc.; 2001.

Description of the Major Categories in the Cognitive Domain	Verbs for Stating Learning Objectives
<p>1. Remember: the ability to retrieve relevant knowledge from long-term memory. Remembering involves recall of specific facts (e.g. being able to describe disease states or drug pharmacology), but does not imply any ability to use those facts to achieve desired outcomes. Knowledge represents the lowest level of learning outcomes in the cognitive domain. Example: learner can define CHF and list the drugs used to treat it.</p>	<p>define, describe, identify, label, list, locate, match, name, outline, recall, recognize, reproduce, select, state</p>
<p>2. Understand: the ability to construct meaning from instructional messages. Understanding may be shown by translating material from one form to another (words to numbers), by interpreting material (explaining or summarizing), and by estimating future trends (predicting consequences or effects). Example: learner can explain why drugs used to treat CHF should help to reduce symptoms.</p>	<p>combine, compare, compute, convert, estimate, explain, extend, generalize, give example, infer, interpret, paraphrase, rewrite, summarize</p>
<p>3. Apply: the ability to carry out or use a procedure in a given situation. Application involves use of rules, methods, concepts, principles, laws, and theories. Example: learner can use a treatment algorithm to modify doses of drugs used for an uncomplicated patient with CHF.</p>	<p>apply, change, demonstrate, determine, manipulate, modify, operate, perform, predict, provide, relate, show, solve</p>
<p>4. Analyze: the ability to break down material into its component parts so that the organizational structure may be understood. Analysis includes the identification of the parts and relationships between parts, including recognition of the organizational principles involved. Learning outcomes require identification of both the content and the structural form of the material. Example: given information about a patient's medications, multiple disease states, and symptoms, a learner can distinguish the use of each medication and identify therapies that may be suboptimal.</p>	<p>analyze, categorize, classify, detect, diagram, differentiate, dissect, distinguish, identify, illustrate, infer, relate, select, separate, subdivide, survey</p>
<p>5. Evaluate: the ability to judge the value of material for a given purpose, based on defined criteria, which may be internal criteria (organization) or external criteria (relevance to the purpose). Learning outcomes in this area are high in the cognitive hierarchy because they contain elements of all prior categories, plus conscious value judgment based on clearly defined criteria. Example: learner can independently assess efficacy and toxicity of all medications for any patient.</p>	<p>appraise, assess, check, choose, contrast, critique, debate, decide, evaluate, judge, justify, measure, relate, support</p>
<p>6. Create: the ability to put parts together to form a new whole. This may involve the production of a unique communication (seminar), a plan of operation (research proposal), or a set of abstract relations (scheme for classifying information). Learning outcomes in this area emphasize the formulation of new patterns or structures. Example: learner can design a treatment regimen of any patient with multiple disease states.</p>	<p>combine, compose, create, devise, design, develop, generate, modify, organize, plan, predict, produce, rearrange, reconstruct, relate, reorganize, revise, write</p>

Krathwohl's Taxonomy for Affective Learning Objectives

Adapted from: Krathwohl DR, Bloom BS, Masia BB. *Taxonomy of educational objectives. Book 2: affective domain.* New York: Longman, 1964.

Description of the Major Categories in the Affective Domain	Verbs for Stating Learning Objectives
1. Receiving. Displays evidence of paying attention. Appears aware of an attitude, behavior, or value. Examples: Listens to others with respect. Observes intently.	differentiate, accept, listen, observe, discriminate, consider, notice, discern
2. Responding. Reacts appropriately to a stimulus. Actively participates. Examples: Replies appropriately to questions. Participates in rounds. Gives a presentation.	comply, follow, commend, volunteer, engage, acclaim, contribute, participate, exhibit
3. Valuing. Measures effect or worth of behaviors, skills, or attitudes. Examples: Demonstrates appreciation for patients' point of view. Recognizes needs of others.	study, feel, follow, form, invite, join, accept, differentiate, distinguish
4. Organization. Prioritizes values and resolves conflicts between them. Adapts behavior to value system. Example: Triage effectively. Accepts responsibility for behavior.	alter, arrange, combine, relate, integrate, weigh, resolve
5. Characterization. Values define behaviors and attitudes to a degree that behaviors and attitudes are predictable and part of the person's character or personality. Examples: Reliably finishes tasks. Accepts criticism gracefully. Revises opinions when presented with new evidence.	discriminate, influence, revise, commit, modify, perform, is consistent

Pierce and Gray's Taxonomy for Psychomotor or Kinesthetic Learning Objectives

Adapted from: Pierce WD, Gray CE. *Teaching in the three domains of learning.* Independently published, 2013. Previously published by Lanham (MD): University Press of America, 1981.

Description of the Major Categories in the Psychomotor Domain	Verbs for Stating Learning Objectives
1. Perceiving. Paying attention. Using sensory information to think about the motor activity. Mentally rehearsing the task. Example: Watching a video which outlines the steps for how to make an intravenous admixture product.	describes, detects, distinguishes, identifies, relates, selects, isolates
2. Activating. Going through the steps of a task slowly and in response to instruction or trial and error. Conscious modeling. Example: Preparing an intravenous admixture for the first time in response to an instructor's verbal instruction.	copies, traces, imitates, initiates, reproduces, follows, trials
3. Executing. Is able to go through all steps of a task without instruction. Independently performs all parts of a task. Example: Writing a SOAP note in response to a case patient workup.	assembles, calibrates, constructs, dismantles, displays, acts, executes
4. Maneuvering. Skillful and confident performance execution. Example: Writing concise and complete care notes in the practice setting.	same verbs as level 3 used with an adverb or adjective indicating mastery e.g., quickly, accurately, precisely
5. Judging. Skillful performance of a new task through modification of skills mastered for a different task. Example: Write a formulary monograph for use in the practice setting for the first time.	adapts, alters, changes, rearranges, modifies, reorganizes, revises
6. Creating. Creating the steps for a new task. Example: writing a proposal for a new pharmacy service.	arranges, combines, composes, constructs, creates, designs, originates

Adjectives to modify nouns: a few examples

"ables"	Adept	Discreet	Proactive
Adaptable	Analytical	Energetic	Quiet
Agreeable	Attentive	Good-humored	Rational
Amiable	Astute	Helpful	Resourceful
Capable	Careful	Intelligent	Self-disciplined
Comfortable	Communicative	Intuitive	Sincere
Considerable	Conscientious	Logical	Thoughtful
Likable	Courteous	Noteworthy	Versatile
Reliable	Detail-oriented	Organized	Warmhearted
Suitable	Diplomatic	Persistent	Willing

Adverbs specifying skill level: a few examples

Accurately	Commonly	Gracefully	Reliably
Articulate	Deliberately	Honestly	Skillfully
Briefly	Easily	Keenly	Smoothly
Calmly	Elegantly	Knowledgeably	Sympathetically
Capably	Empathically	Naturally	Thoroughly
Carefully	Energetically	Politely	Warmly
Cheerfully	Fairly	Rapidly	Wisely
Closely	Generally	Readily	Zealously

Planning Learning Activities

The next thing to think about is how to accomplish the goal. As students plan the journey between their current skill level and their desired level, they will probably see several clearly delineated steps in the learning process leading to the overall goal. It can be helpful to write down each of these steps. They will become the list of activities to be performed at the rotation (learning plan).

Learning activities can include just about anything that reasonably helps students reach their learning goal. One thing students should strive for, however, is to *avoid choosing passive learning activities*. For example, the ability to describe the side effects of medications used for arthritis therapy may be nice, but that kind of objective won't change the way one practices. Alternatively, creation of a standardized arthritis pharmacotherapy documentation system with built-in prompts for interview questions and physical exam information could change and improve the way one practices. If coupled with an algorithm (plan) to follow if efficacy fails to occur or toxicity does occur, a student's learning experience would produce a powerful tool enabling them and their preceptor to provide complete and consistent care to patients who have arthritis. Careful examination of the verbs in the higher-numbered categories in the taxonomies may help students to design active learning experiences.

Putting It All Together

The information in the next several paragraphs should serve as a jumping-off point for rotation goal/objective/activity planning, since patient workup and drug information communication are the most basic of cognitive skills that a pharmacist must possess. If a student hasn't mastered these skills—be honest with yourself about your level of competence—then the student should plan on using the first APPEs to improve abilities in these areas.

Patient Work-up. All pharmacists graduating from this program need to display the ability to do a quick and accurate patient workup. The process of patient workup includes:

- Gathering objective and subjective patient information
- Analyzing it to determine medical and drug-related problems
- Developing and enacting a treatment plan (including referral) for any detected problems
- Developing and enacting a monitoring plan for treatment compliance, efficacy, and adverse effects.

Students should plan to devote a lot of learning time to master this process quickly and efficiently.

Communicating drug information in a professional manner. Most APPEs will include communication of drug information, and students should create at least one learning objective aimed at skill building in this area. The focus of these objectives should vary to match the learning theme. Suggested areas for emphasis include:

- Creating patient information brochures.
- Writing chart notes, written consults, or letters to other health care providers efficiently—students should be able to complete a consult note in three minutes or less.
- Composing a newsletter article on general or specific health or drug topic.
- Generating a formalized drug literature review for a P&T committee, MUM report, journal club, or seminar presentation.

Factual information. Although quality patient care requires a good understanding of factual information, keep in mind that the purpose of the rotation is to build new practice skills. The acquisition of new factual information should play a minor role in students' rotation activities: 20 percent or less of rotation learning time. The majority of APPE learning time should be spent *using* the information students have already learned in their therapeutic coursework in some constructive, even innovative, manner.

INFORMATION FOR STUDENTS



Informal Patient Presentations

Students may be expected at any time to give a brief two to three minute overview/update to their preceptor on any of the patients assigned to them. They should know how to do these after having presented them during lab. The point of these informal patient presentations is for students to let their preceptor know what is going on with their assigned patients and to get the preceptor's "OK" on their plan of action for the rest of the day. Informal patient presentations are one way that students will provide an immense amount of value to the preceptor and site at which they are doing the rotation. The SBAR technique is a great way to communicate information in an organized manner. An example of the format is presented below.

- **Situation:** Patient age and problem. "Mr. Smith is a 65-year old male for whom we have no information about laboratory values."
- **Background:** Pertinent medical conditions, medications, labs, and other information to consider. "He was recently-diagnosed with heart failure and started on furosemide 20mg po daily and lisinopril 10mg po daily; the physician inquired about adding spironolactone. He also has arthritis for which he takes 600mg of ibuprofen 3 times daily."
- **Assessment:** Relate what problems you think the patient may have. "I am concerned about Mr. Smith's kidney function and potassium concentration. Having the patient on a diuretic, an ACE inhibitor, and an NSAID may set him up for drug-induced kidney damage. The lisinopril will increase his potassium which can be balanced by the loop. I don't think the spironolactone is indicated at this times because it's really only useful in severe CHF."
- **Recommendation:** Your plan for each drug-related problem or disease state. State exactly what you will do and your deadline for getting it done. "I would like to call the physician's office and see if the patient has a recent chem-7 drawn, and if not, recommend that he get that done. I would also recommend not starting spironolactone at this point."

Since the preceptor is in charge of providing care to the patient, it is okay to use patient names and dates in informal presentations, as long as people not providing care to the patient cannot overhear the discussions.

Formal Patient Presentations

Some preceptors may ask students to present a "formal" patient presentation, sometimes as often as weekly. In addition to being valuable evidence of learning for students' portfolios and a test of their therapeutic knowledge base and thought process, formal patient presentations can provide a teaching and learning tool for the preceptor and the other pharmacists who listen to the presentation. Students' formal presentations will be made verbally, but they should provide for all listeners a neatly word-processed outline of patient information. Patient information should be assembled using the standard patient history and physical presentation format.

Do not use any patient names, initials, health care provider names, site names, or calendar dates in formal patient presentations. Since most of the audience will not be providing direct patient care to the patient presented, use of names, initials, dates, or other identifiers would be a violation of patient

confidentiality. See the case at the end of *How to Do a Patient Workup* for an example of one way to prepare a handout and presentation information. Take guidance from the preceptor as to how he or she would like the patient presentations prepared.

Oral seminars

When giving an educational presentation, students may use charts, graphs, diagrams, drawings, cartoons, or pictures obtained from electronic or print resources as visual aids to enhance or clarify concepts in the educational presentation, but the source of all graphics must be identified using an acceptable reference format.

If a student makes handouts for an audience and wants to use tables, charts, graphs, figures, or pictures in the handout, there is a maximum of one illustration from any single source and a maximum of nine permitted for the entire presentation. All resources used must be referenced using an acceptable reference format. There should be one handout for each audience member. Handouts containing works created by someone else cannot be made available to the general public without written permission from the owner of the work.

If Things Go Wrong

The majority of student's practice-based learning will be enjoyable experiences. Sometimes unanticipated challenges do occur. Although each challenge arising in practice-based learning is unique, it is possible to identify some general categories of situations that trigger contact with the Experiential Education team.

The experience doesn't meet expectations. It is impossible to enter a practice-based situation without expectations. If expectations (either student's or preceptor's) for the experience are unrealistic or unaligned, then disappointment will occur. It is important for a student to identify their expectations discuss with the preceptor whether the expectations are reasonable for that site.

If the learning activities agreed upon by student and preceptor (e.g., contact with patients) are not occurring (e.g., the student is spending most of the time performing distribution-related tasks), then the student should speak with the preceptor early on in the experience about other tasks which would allow the student to learn new skills or hone partially-developed skills.

The experience seems disorganized/unplanned. Development of an activity schedule aids greatly in organization of a practice-based experience. If the preceptor does not have such a schedule already in place, then the student should create one based on the discussions with the preceptor about learning opportunities, prior to start of the practice-based experience. The student should share the schedule with the preceptor for approval/concordance/modification.

The preceptor/site personnel are inconsistent/unwelcoming/overly critical. It is difficult to be in a situation where criticism occurs frequently and encouragement or identification of skills performed well does not seem to occur. Students perceiving this environment should apprise the preceptor of the situation and events triggering the impression. If the student does not feel safe approaching the preceptor with their impressions, they should contact the Experiential Education team.

The preceptor/site personnel display unprofessional behavior. It is difficult to initiate a conversation with the preceptor when this occurs; many students will choose to say nothing rather than appearing to criticize the site or preceptor. It is important, however, that the preceptor be informed of the situation and the events that triggered the student's impression. If the student does not feel safe approaching the preceptor with their impressions, they should contact the Experiential Education team.

The preceptor's performance assessment is not submitted by the deadline. It is challenging to determine the fine line between gentle reminding and appearing to harass a busy preceptor about assessment submission deadlines. If a preceptor's assessment is not submitted by the deadline, then students should make two attempts to remind the preceptor. After that, it is best to inform the Experiential Education team about each of the attempts and let them make further attempts to obtain the performance assessment.

Life happens. The most frequent reason for things going wrong from a student perspective has nothing to do with the practice-based experience itself, but rather personal situations that occur. Loved ones can become ill or die, students can develop health conditions that make it difficult to meet preceptor expectations, an unanticipated event at the site or elsewhere can be emotionally disturbing; the list could go on. It is important to remember that preceptors in general are very flexible about life events, as long as they are informed about what is happening. Students who confide in their preceptor when experiencing a challenging personal situation have every right to expect that the preceptor will not share the specifics of the situation with other individuals at the site.

Responding to Challenging Situations

Students should first talk to the preceptor, being specific, straightforward, and tactful. Approach the conversation collegially (e.g., "I think we may have a problem here, and I really want to talk about it to understand your point of view."). In most situations students will be able to address the situation without any further intervention.

If the situation is one where a student is afraid of sounding overly critical about the site or individuals at the site, then it will be vital to write down in advance all of the actions observed that led to the student's response to the situation. When discussing the actions with the preceptor, students can then in a calm voice, outline what actions were observed, and how those actions were interpreted. The preceptor may be able to provide additional information that allows the student to change their interpretation about what was observed or the preceptor may wish to make an intervention at the site. Either way, a student experiencing a challenging situation owes the site and preceptor the opportunity to respond to the student's observations and interpretations.

If the student and preceptor determine that the student needs some time off from the site, do inform the Experiential Education team of the decision and the plan for the time off (Made up at a later time? Waived?).

Students who feel their attempts to engage the preceptor in a meaningful dialogue are unsuccessful should contact an Experiential Education team member about what has occurred. It will be easiest for the Experiential Education team to respond to a written account of what occurred. The student should also inform the Experiential Education team member of their desired outcome for the situation.

Students should approach the Experiential Education team to check grounding of fears, listen to concerns, and hear of successes. Students who don't hear back from the Experiential Education team member within a day should re-contact that team member.

Students with concerns about a site who don't feel it is worrisome enough to call about may instead communicate information on the Experiential Education team "eyes only" part of the site and preceptor assessment. None of the information in this section will be shared with the preceptors.

INFORMATION FOR PRECEPTORS



Upcoming changes to APPEs in 2017/2018

1. In 2017/2018, we will begin incorporating new core competencies arising from the AACP experiential education task forces for core community pharmacy, clinic pharmacy, and acute care/inpatient pharmacy APPEs.
2. We will begin adding more structure to the core community pharmacy APPE. By the end of the core community pharmacy APPE, the student pharmacist should be able to oversee the dispensing process (including performing the final check), competently counsel patients on any prescription medication, differentiate between OTC products within the same class and correctly identify when one product would be recommended over another, assess patient immunization needs, apply the laws governing pharmacy practice, incorporate primary literature and treatment guidelines into treatment decision-making and patient education, and display professional and ethical behavior. By the end of a core community pharmacy APPE, the pharmacy preceptor needs to feel confident that if he or she needed to leave the pharmacy for a few hours, the pharmacy student could competently function as the pharmacist in that setting.
3. In the 2017/2018 academic year, core community pharmacy preceptors will be asked to conduct topic discussions in the area of pharmacy law with their students. The topic discussions will be about law regarding pharmacies, people who work in pharmacies, drugs, controlled substances, prescribers, prescriptions, dispensing, patients, records, quality assurance and safety, inspections and audits, and history. A series of modules are being prepared to facilitate student preparation for these topic discussions. The material in each module is based on the competencies for the multi-state pharmacy jurisprudence examination. The goal is to better prepare the student to be successful when they take that examination.
4. There will be a transition during 2017/2018 toward having student pharmacists who are planning to enter community pharmacy upon graduation complete two additional community pharmacy-based APPEs after their core community pharmacy APPE. The first will be a community pharmacy practice management APPE, with the goal being that a student finishing that APPE will have a good grasp of what is needed to be a pharmacist-in-charge. We will be seeking pharmacist-in-charge preceptors for this specialty elective experience in the upcoming year. The second specialty elective APPE will be in the area of advanced community pharmacy-based patient care. We will be looking for sites and preceptors where there is a substantial patient care component of medication therapy management either in general care of community-dwelling individuals with complex medication regimens, or specialty care areas, such as HIV/AIDS, senior care, or urgent care. An additional community pharmacy elective will be in the area of compounding, and interested students will be placed at a compounding pharmacy.
5. In 2017/2018, we will introduce a student skill self-assessment in the area of community pharmacy practice that preceptors can ask students to fill out prior to the start of any community pharmacy practice experience. Initially, this self-assessment will give the preceptor an idea of what the student thinks his/her/their skills are and may help in design of the experience. Eventually, this assessment

may help to build separate curricula for practice-naive versus practice-rich students.

6. In 2017/2018, we will be interviewing all preceptors of general medicine experiences about how they can standardize 11 different key components across sites, and eventually we will ask all inpatient services to standardize the same components. These components are orientation, syllabus, patient assignment, preceptor support, preceptor role modeling, observation of student performance, daily student patient presentations to preceptor, student documentation of decision-making in the electronic health record, student-preceptor topic discussions, student daily interactions with patients, and student daily interactions with other health care providers.

7. In 2017/2018, we will be preparing for implementing a new curriculum. This curriculum will very likely include a change to 6-week APPE experiences. This curriculum will also likely include more than 36 weeks of APPEs, which is what the current curriculum includes. The recommendation that the faculty will vote on in late May is for 54 weeks of APPEs. This means that APPEs will start during winter quarter of the third professional year and continue into spring quarter of the fourth professional year. If the faculty approve this recommendation, we will be seeking input from our preceptors on how this model might look at their practice site.

8. The new curriculum will fully begin with the incoming pharmacy Class of 2022, who will start pharmacy school in autumn 2018. This class will not begin APPEs until 2021. However, it is possible that students in the class of 2021 and possibly even the class of 2020 may begin migration toward this new curriculum, and the migration would likely start in the 2017/2018 year. Any migration is unlikely to affect APPE preceptors until 2019.

Giving Feedback

Because most of you do not have a background in education, the following information has been developed to give you some very basic information about the way in which adults learn. We hope it will stimulate you to think about the way in which you clinically teach and the types of things your student will learn, depending upon the situation.

The following information on teaching has been developed over years of talking to both students and preceptors about what teaching styles have been successful and what teaching styles have not. Although there is great variability in the type of teaching that works for different students, a few clear themes have emerged. The students have also received this information since these points are important regardless of whether an individual is a student or a preceptor.

1. Be sure that your thoughts and recommendations are evidence-based. Whether you are praising or giving constructive criticism, it helps you to state the exact action you observed, rather than telling the student something vague. A student will benefit from precise feedback. For example, telling your student "I liked the way you used language that the patient understood when you were interviewing her," will give that student more specific information than, "Nice job interviewing."
2. Everybody craves positive reinforcement. Negative feedback given on a regular basis tends to result in resentment on the part of the recipient, who will be less inclined to correct deficiencies. Although it is necessary to inform students of deficiencies, it is possible to do it in a constructive fashion. One method to avoid creating a negative learning atmosphere is to always include positive reinforcement whenever constructive feedback is given. Beware of the word, "but," however, since a positive statement connected to a constructive statement by the word

“but,” will make it sound like you don’t really mean the positive statement. Instead, separate the two statements into two completely separate and unconnected thoughts. For example, consider the difference between the following two comments:

- a. “Your organization of the patient data is excellent and I can see that you have put a lot of effort into acquiring a thorough database on your patient. Prior to your next presentation, be sure to completely review each medication that your patient is receiving, since you were unable to answer some of the questions I asked you about mechanism of action for each drug.”
- b. “You did a good job gathering patient data but you really need to study up on the drugs since you couldn’t answer a lot of my questions.”

Notice how the positive comment in the second statement appeared a little less sincere when followed by that “but.”

3. Be as precise with information as possible, since provision of precise and specific information will allow you to role model for your student how you would like him or her to present information to you. Try to avoid use of vague words like “monitor” or “check” but instead use more specific verbs such as “measure” or “test” since these words will prompt you to outline what specifically should be measured, how often, who should do it, and for how long. Encourage your student to justify his or her statements whenever possible. (“Why do you think that?”)
4. Make a scheduled sit-down time with the student to discuss patient issues, projects, or problems, even if it can only be for a short time. A student will be delighted to have your undivided attention, and you will enjoy some structured discussion-teaching.

If Things Go Wrong

There is a chance you will run into a difficult situation with a student during one of the rotations you offer. The reasons preceptors most commonly call us are listed below. If you are aware of them, then you may be able to prevent them from happening with your students. If you encounter any situations that seem worrisome, do not ignore them until the final week of rotation, because the student will not have adequate time to correct behaviors. Instead, please inform your student as early as possible of any deficiencies he or she may display so that he or she has a chance to correct them. The mid-rotation assessment has been specifically designed to give you the opportunity to notify your student of any deficiencies while there is still a chance to correct them.

It might be useful to review our *Student Guidelines for Professional Conduct*, which may be found in Chapter 2

1. **Inadequate knowledge base.** Knowledge base can be a difficult thing to evaluate. The students have facts flying at them pretty fast during their year of Therapeutics. Many feel unsure about their knowledge base because they have no experience to cement those facts into place. Do expect some incorrect statements from your student (although hopefully few incorrect statements if the student is nearing graduation. As a preceptor, you can help your student understand why the action he or she recommended is inappropriate and explain what an appropriate action would be. It is only when this happens frequently (e.g., daily) that you should worry. At this point it is time to call the School to see if this has been a pattern. If it has, we'll decide on a course of action to take with your student.
2. **Tardiness.** Each student has been told to settle with you on the first day of the rotation *exactly* when he or she will be expected to arrive at the site (to avoid misunderstandings). If your

student shows up late once or twice during a rotation experience, it is not grounds for failure of the course (unless he or she is hours late, with no reasonable excuse). However, if your student is routinely late (3-4 times more often per rotation), then you should inform the student that he or she is at risk of failing the rotation.

On the other end of the day, leaving early is acceptable if all the student's work is done, but not if the work is unfinished. If you choose to allow the student to leave early once weekly for a job, be certain that he or she does not neglect his or her responsibilities. You may choose to have the student make up lost learning time in other ways (coming in early, staying late, home projects), if you feel that additional learning time is necessary. While we want the focus of the experience to be on learning and not just hours spent at a site, we feel firmly that the learning experience will be diluted for the student who puts in substantially fewer than 160 hours of learning.

3. **Absences.** Your student should not have *any* unexplained absence; this can be grounds for failure of the course. *Explained* absences are reasonable if you are satisfied with the explanation. ("I have to work" is *not* a reasonable excuse for absence.) As preceptor, you have the final say about time missed due to absences (Don't let a student tell you, "Terri said I could...").

Students must adhere to the rotation schedule agreed upon between the student and the preceptor at the beginning of the rotation. Students will arrive at the rotation site on time and will not leave before the agreed-upon time without first asking for permission from you. If a valid reason exists for being absent or late, the student must notify you as soon as possible.

Students will be allowed state holidays off only with the explicit permission from you as preceptor. Holiday matters and other potential absences need to be discussed and agreed upon at the start of the rotation. **Preceptors have the final decision on holiday and personal time requests by their students.** Students are informed they should not schedule vacations or plan life events, such as weddings, during a month when they are also scheduled to complete an APPE.

You can offer students the option of making up missed time if your schedule or the schedule of the site allows for it. Additionally, students have a one-week break in their rotations every few months which could potentially be used to make up missed days with preceptor permission.

4. **Inadequate communication skills.** Communication skills are also difficult to evaluate. They can either result in or be caused by behavior problems. Differences in working style can also manifest as a communication problem. How can you tell whether an apparent communication problem is really a problem? There are a series of steps you can follow to check:
 - a. Does the problem have anything to do with you? Sometimes events outside of people's lives influence their behavior at work. This does not excuse their behavior if they are rude, thoughtless, or incommunicative, but it does mean that there is probably nothing you can do about it until their situation is resolved. Remember that everyone has a bad day now and again, and if you can have one, so can your student.
 - b. Is the problem one of differences in learning styles? In general, people who go into the practice of pharmacy approach learning in one of two ways. One group of learners loves learning by doing. People in this group have no problem dealing with unanticipated questions or situations. The other group of learners loves learning by thinking. Those in

- this group want time to examine all aspects of a situation and are less comfortable in situations where they are not given time to think things through. Each type of learner has both strengths and limitations. The thing to remember is that if you learn in one way and your student learns in another, you won't be able to work as well with the student until both of you realize how you learn best and then respond appropriately.
- c. If it doesn't seem like there is a problem outside the practice environment, and you think you understand and are trying to meet the student's learning style, then it is time to call our office.
5. **Lack of motivation.** Infrequently, overt lack of motivation is apparent early on, with a student informing you at the start of a rotation that he or she has no interest in your learning environment. If this happens, please notify us as soon as possible. Your time and energy are too valuable to spend on a student who refuses to perform.

More frequently, you will see subtler signs of a lack of motivation occurring in students as they approach the end of their fourth professional year or if they have an anticipated event (e.g., wedding) approaching. Most of the time, simply describing to the student in a pleasant tone the behavior you observed and describing the behavior you would prefer to see will be enough to help that student shake off ennui. If this doesn't work then you can inform the student that continuing to not meet expectations may result in a suboptimal assessment at the end of the experience. If this fails to adequately motivate the student, it is time to document observed behaviors that didn't meet your expectations and to call the School.

General Advice

Regardless of the reason for the problem, you must address it verbally with your student. Listen as much as you speak. Most of the time, troubles can be discussed and a mutually agreeable solution can be reached. If this doesn't work, it's time to call us. We will ask you to describe the situation and then ask you if you've spoken to the student about it. If your answer is "no," then be prepared with a good reason why (there are some situations where preceptors are concerned about confronting a student). If your answer is "yes," and you still are unsatisfied with the situation, then we will discuss your options. The options will depend on the nature of the problem.

In general, you should make the initial effort to solve problems by direct interaction with your student as early in the rotation as possible. Be specific and straightforward. Don't beat around the bush, but don't be rude either. Simply saying, "I think we may have a problem here, and I really want to talk about it to understand your point of view," can go a long way toward easing a tense situation. If there is a deficiency, identify clearly in writing exactly what the student needs to do in order to correct the deficiency. If the deficiency is not corrected, then be sure to note on the final assessment the specific area of deficiency, describing the specific student actions and reactions that led you to think that the deficiency was not fixed. The more you can explain in writing, the more helpful it is for our office when determining what to do.